



# SWPPP COMPLIANCE INSPECTION FORM

Project Name: **HPP 0158 116 D** Address: **Eden, UT** Date: **5/3/13**  
 Owner: **UDDT** Contractor (Gen/Sub): **SKYVIEW EXCAVATION** Start time: **10:30**  
 Site Contact: **John Atwood** Phone: **801-940-1175** Stop time: **11:30**  
 UPDES Permit #: **UTR 361091** Expiration: **5/30/13** Weather: **(Sunny)** Cloudy Raining Snowing Other:

Date of last rain event: \_\_\_\_\_ Duration: \_\_\_\_\_ Approx. Rainfall (in): \_\_\_\_\_  
 Inspected By (Print): **John Atwood** Local Jurisdiction or County: **Weber**  
 Reason for Inspection:  Scheduled  Complaint/Tip  Random  Receiving Waters: **Pinewood Reservoir**  
 Inspection Code (circle): **SW**  SW sampling  non-sampling Inspector Code (circle): (S) State (L) Local Type Code (circle): 1 - Municipal 2 - Industrial 3 - State

### SWPPP, EROSION, SEDIMENT AND HOUSEKEEPING BMP'S INFORMATION

	YES	NO	N/A
1. Is the SWPPP on site and accessible, or is the SWPPP location posted in an obvious place and reasonably accessible (in a short time)?	<input checked="" type="checkbox"/>		
2. Are erosion control, sediment control, and good housekeeping BMP's installed on the site as shown in the SWPPP?	<input checked="" type="checkbox"/>		
3. Are erosion control, sediment control, and good housekeeping BMP's installed on the site as shown in the SWPPP?			<input checked="" type="checkbox"/>
4. Are on-site inspections being performed and recorded by a qualified person on a weekly or biweekly basis, reporting items required by permit? (Inspector name & qualifications, weather, problems/repairs, corrective action, new BMPs, removed BMPs, discharges, etc.)	<input checked="" type="checkbox"/>		
5. Have all corrective action items from previous inspections been addressed and documented within the time frame allotted by the inspector?			<input checked="" type="checkbox"/>
6. Are SW flows entering and leaving the construction site controlled, managed, or diverted around the site? (e.g. perimeter controls, berms, silt fence, upgradient boundary diversion, down gradient boundary sediment control, etc.)	<input checked="" type="checkbox"/>		
7. Is there evidence of sediment discharge such as mud flows or soil deposits from the construction site in downstream locations?			<input checked="" type="checkbox"/>
8. Is there evidence of vehicles tracking soil off the construction site?		<input checked="" type="checkbox"/>	
9. Is there soil, construction material, landscaping items, or other debris piled on impervious surfaces (roads, drives) that could be washed with SW to a storm drain or water body?		<input checked="" type="checkbox"/>	
10. Is there a need to repair, maintain, or improve erosion control BMPs (temporary stabilization, erosion blankets, mulch, vegetated strips, rip rap, surface roughening, pipe slope drain, dust control, etc)?		<input checked="" type="checkbox"/>	
11. Is there a need to repair, maintain, or improve sediment control BMPs (silt fence, check dams, fiber rolls, sediment trap/basin, inlet protection, waddles, straw bails, curb cut-back, etc)?		<input checked="" type="checkbox"/>	
12. Is there a need to repair, maintain, or improve good housekeeping controls (clean track out pad, sweeping, construction materials management, litter/trash control, port-o-potties staked down, fueling areas, concrete wash out area, proper curb ramps, spill prevention, etc)?		<input checked="" type="checkbox"/>	
13. Are there disturbed areas that have not had construction activities for 14 to 21 days without stabilization? (except snow or frozen ground)?		<input checked="" type="checkbox"/>	
14. Are there places where BMPs are needed and should be installed or not needed and should be removed?		<input checked="" type="checkbox"/>	

### COMMENTS AND CORRECTIVE ACTIONS FOR SWPPP COMPLIANCE

*Identify the problem and its location. If appropriate, describe (in general terms) what needs to be completed. However, only if qualified (e.g., you are a designer) should you be mandating specific BMPs to install. Include the date when corrections are*

  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  

Inspector, please list all applicable SEV codes: \_\_\_\_\_

*Inspector: I certify that this document and all attachments were prepared under my direction. The information submitted is, to the best of my knowledge and belief, true.*

Inspector: **John Atwood** (Print Name) **Fleet Manager** (Title) **John Atwood** (Signature) **5/3/13** (Date)

Operator: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)